# TRAUMA PAST, TRAUMA PRESENT…

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My Journey …

- Direct Practice
- Systems Work
- Current Passion

# TRAUMA PRESENT … WHAT WE KNOW NOW

- Over the last 10 -20 years there has been an explosion of information provided to us about the relevance and impact of trauma on the brain, on relationships, and on our development

- This explosion has resulted from new abilities to see the brain in ways that we are better connecting life experiences and over all well being (Physical and Mental Health)

# ADVERSE CHILDHOOD EXPERIENCES

FELITTI, V. J., & ANDA, R. F. (2010)

Bigger Scope (n=17,337)

- 2/3rd of folks responding reported at least 1 ACE factor
- 1 in 6 had 4 or more ACE factors
- Factors are linked to higher risks for medical conditions like smoking, severe obesity, and heart disease
- Factors are linked higher risk for substance abuse, depression and suicide attempts
- MAJOR PUBLIC HEALH ISSUE

- Refer back to Trauma Infographic
- http://www.jumpstarttulsa.com/ACE_Study.htm
- http://www.cdc.gov/ace/index.htm

# EXPOSURE TO VIOLENCE IN CHILDHOOD

46 million of 76 million children
are exposed to violence, crime and abuse each year


- Finkelhor, D., et al. (2010). Trends in childhood violence and abuse exposure: evidence from 2 national surveys. *Archives of Pediatric and Adolescent Medicine, 164*(3), 238–42.

# “Henry” and Some Data

http://www.ovc.gov/pubs/ThroughOurEyes/index.html

TRAUMA
CHILD WELFARE
JUVENILE JUSTICE

# U.S. PREVALENCE, CONT'D

- One in four children/adolescents experience at least one potentially traumatic event before the age of 16.[1]
- In a 1995 study, 41% of middle school students in urban school systems reported witnessing a stabbing or shooting in the previous year.[2]
- Four out of 10 U.S. children report witnessing violence; 8% report a lifetime prevalence of sexual assault, and 17% report having been physically assaulted.[3]


1. Costello et al. (2002). *J Traum Stress*;5(2):99-112.
2. Schwab-Stone et al. (1995). *J Am Acad Child Adolesc Psychiatry;34*(10):1343-1352.
3. Kilpatrick et al. (2003). US Dept. Of Justice. http://www.ncjrs.gov/pdffiles1/nij/194972.pdf.

# PREVALENCE OF TRAUMA IN THE CHILD WELFARE POPULATION

- A national study of adult "foster care alumni" found higher rates of PTSD (21%) compared with the general population (4.5%). This was higher than rates of PTSD in American war veterans.[1]
- Nearly 80% of abused children face at least one mental health challenge by age 21.[2]


1. Pecora, et al. (December 10, 2003). *Early Results from the Casey National Alumni Study*. Available at: http://www.casey.org/NR/rdonlyres/CEFBB1B6-7ED1-440D-925A-E5BAF602294D/302/casey_alumni_studies_report.pdf.

2. ASTHO. (April 2005). *Child Maltreatment, Abuse, and Neglect*. Available at: http://www.astho.org/pubs/Childmaltreatmentfactsheet4-05.pdf.

# IMPACT OF BEING IN CHILD WELFARE SYSTEM

- 25% will be incarcerated within first 2 years of aging out of the system
- More than 20% will become homeless
- Only 58% will have a High School Diploma
- Less than 3% will have a college education by age of 25
- Many will re-enter the system as parents
- For children under age of 5, increase likelihood of developmental delays 13-62% compared to 4-10%


1) Conradi, L. (2012) Chadwick Trauma Informed System Project p. 54
2) Leslie et. al. (2005). *Developmental and Behavioral Pediatrics 26*(3), 177-185

Child trauma is endemic in the juvenile justice system. At least 75% of youth involved in the juvenile delinquency system have experienced traumatic victimization and 11–50% have developed posttraumatic stress disorder (PTSD)


1.ABRAM, K. M., TEPLIN, L. A., CHARLES, D. R., LONGWORTH, S. L., MCCLELLAND, G. M., & DULCAN, M. K. (2004). POSTTRAUMATIC STRESS DISORDER AND TRAUMA IN YOUTH IN JUVENILE DETENTION. ARCH GEN PSYCHIATRY, 61(4), 403-410.

2. CAUFFMAN, E., FELDMAN, S. S., WATERMAN, J., & STEINER, H. (1998). POSTTRAUMATIC STRESS DISORDER AMONG FEMALE JUVENILE OFFENDERS. J AM ACAD CHILD ADOLESC PSYCHIATRY, 37(11), 1209-1216.

3. ARROYO, W. (2001). PTSD IN CHILDREN AND ADOLESCENTS IN THE JUVENILE JUSTICE SYSTEM. IN S. ETH (ED.), PTSD IN CHILDREN AND ADOLESCENTS (VOL. 20, PP. 59-86). ARLINGTON, VA: AMERICAN PSYCHIATRIC PUBLISHING.

4. GARLAND, A. F., HOUGH, R. L., MCCABE, K. M., YEH, M., WOOD, P. A., & AARONS, G. A. (2001). PREVALENCE OF PSYCHIATRIC DISORDERS IN YOUTHS ACROSS FIVE SECTORS OF CARE. J AM ACAD CHILD ADOLESC PSYCHIATRY, 40(4), 409-418.

5. TEPLIN, L. A., ABRAM, K. M., MCCLELLAND, G. M., DULCAN, M. K., & MERICLE, A. A. (2002). PSYCHIATRIC DISORDERS IN YOUTH IN JUVENILE DETENTION. ARCH GEN PSYCHIATRY, 59(12), 1133-1143.

6. WASSERMAN, G. A., MCREYNOLDS, L. S., LUCAS, C. P., FISHER, P., & SANTOS, L. (2002). THE VOICE DISC-IV WITH INCARCERATED MALE YOUTHS: PREVALENCE OF DISORDER. J AM ACAD CHILD ADOLESC PSYCHIATRY, 41(3), 314-321.

In a study conducted at a juvenile detention center in Cook County, Illinois, 90 percent of the youth reported past exposure to traumatic violence, which included being threatened with weapons (58 percent) and being physically assaulted (35 percent).

Another study, this one conducted in juvenile detention centers in Connecticut, found that 48 percent of similar youth had experienced a traumatic loss.

Finally, according to a recent study that used a national sample of youth for comparison, youth in detention were three times as likely as those in the national sample to have been exposed to multiple types of violence and traumatic events.

1. Abram, K. M., Teplin, L. A., Charles, D. R., Longworth, S. L., McClelland, G. M., & Dulcan, M. K. (2004). Posttraumatic stress disorder and trauma in youth in juvenile detention. *Archives of General Psychiatry, 61*(4), 403–410.

2. Ford, J. D., Chapman, J. C., Connor, D. F., & Cruise, K. C. (2012). Complex trauma and aggression in secure juvenile justice settings. *Criminal Justice & Behavior, 39*(5), 695–724.

3. Pope, K., Luna, B., & Thomas, C.R. (2012, April). Developmental neuroscience and the courts: How science is influencing the disposition of juvenile offenders. *Journal of the American Academy of Child and Adolescent Psychiatry. 51*(4), 341–342.

- 65 percent of girls and 70 percent of boys in detention diagnosed with multiple mental health disorders
- Nearly 1/4$^{th}$ of youth in residential placements have attempted suicide
- Confinement often reactivates memories of the trauma and exacerbate PTSD symptoms

Teplin L., et al. (2006, April). Psychiatric disorders of youth in detention. (Juvenile Justice Bulletin, Office of Juvenile Justice and Delinquency Prevention.) p. 9.

# TRAUMA PRESENT … THE BRAIN

- PERRY's PET SCAN
  - http://www.childwelfare.gov/pubs/issue_briefs/brain_development/effects.cfm
- CALM CHILD
- TERRIFIED CHILD
- VUNERABILITY MOUNTAIN

# TRAUMA IMPACTS LEARNING AND ACADEMIC OUTCOMES

- Decreased IQ and reading ability

  (Delaney-Black et al., 2003)

- Lower grade-point average (Hurt et al., 2001)
- More days of school absence (Hurt et al., 2001)
- Decreased rates of high school graduation (Grogger, 1997)
- Increased expulsions and suspensions (LAUSD Survey)

# SUSPENSION AND EXPULSION

- Attachment to school and peers is correlated with school success and reduces likelihood of disciplinary involvement

- Suspended students are twice as likely to drop out of school and

# TRAUMA PRESENT … ATTACHMENT

Many argue that these early relationships (experiences) shape neuronal circuits which regulate emotional and social functioning

# ATTACHMENT'S PURPOSE

SIEGEL, 1999

**Evolutionary Level – biological**

Infant Survival (Bowlby)

**Mind Level – biological and social**

- Caregiver's brain helps child's brain to organize regulation
- Caregiver's brain teaches child self-soothing
- Child experience of safety allows for exploration

What does this mean for children who have experienced trauma?

# A PERSON'S RESPONSE TO PERCEIVED DANGER

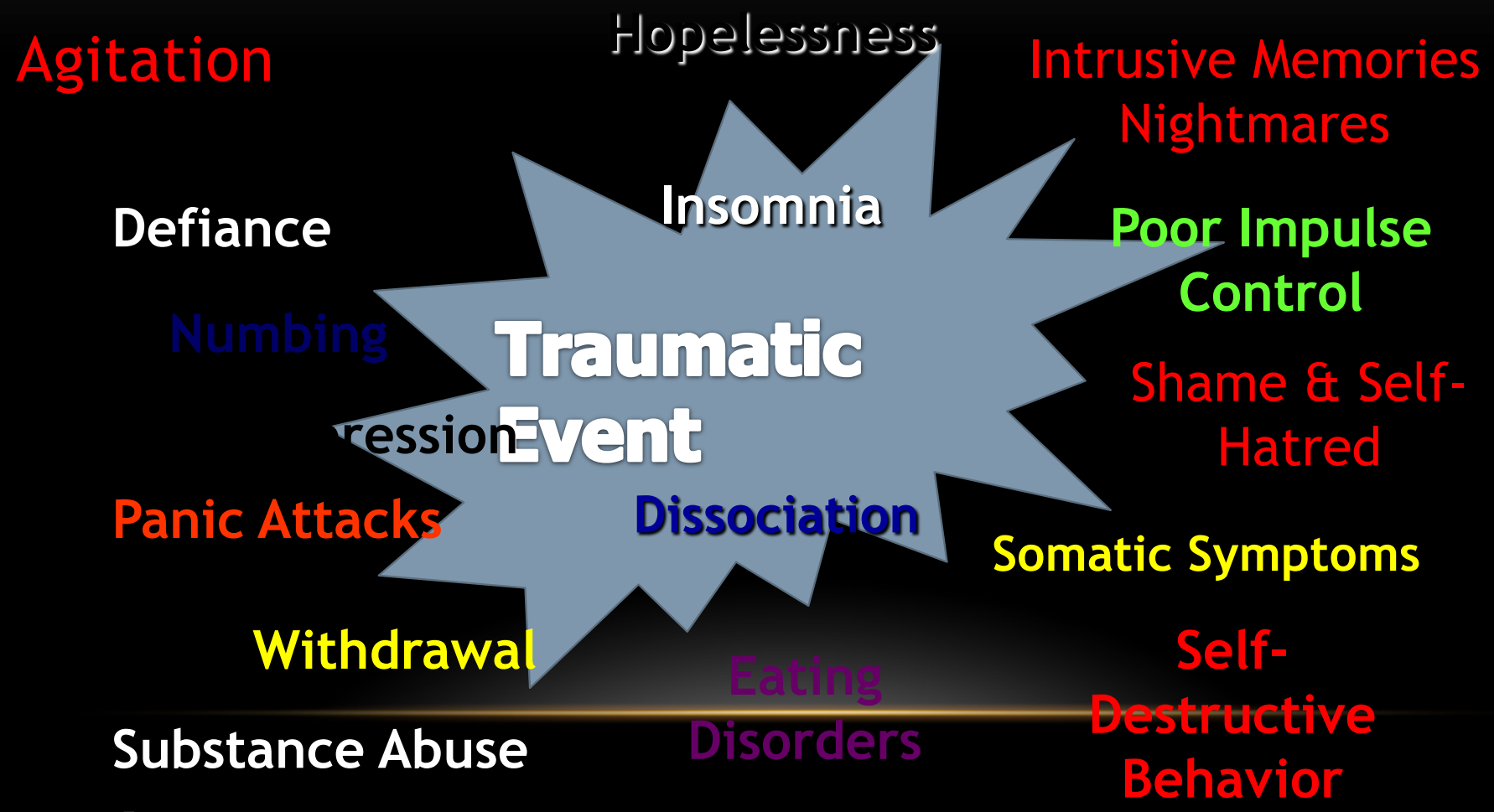
**Trauma Event**

**Danger Response**

| Fight | Flight | Freeze |
|---|---|---|
| Aggression | Run Away | Dissociate |
| Verbal attack | Substance Abuse | Non-emotionality |

Slide from Ellen Williams, LCSW
Center for Child & Family Services

# CHASING BEHAVIORS

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Slide by Trish Mullens, Chesterfield CSB

# WE  MUST RESPOND TO THE NEED

Not react to the behavior

# TRAUMA PRESENT … KEY ELEMENTS OF TIC

## Five Core Values (Fallot, 2009)

1) Safety
2) Trustworthiness
3) Choice
4) Collaboration
5) Empowerment

The needs of the adults and caregivers with trauma ….

are no different

## CROSS-GENERATIONAL TRAUMA

HENDRICKS (2012) CHAPTER 12 OF *CREATING TRAUMA INFORMED CHILD WELFARE SYSTEMS* USING TRAUMA INFORMED SERVICES TO INCREASE PARENTAL PROTECTIVE FACTORS

Women who have experienced trauma are more likely to self- medicate with a substance (55-99%) (1)

Intergenerational transmission of trauma (Depression, PTSD) (2)

Unresolved childhood trauma can lead to reenactments with partners in adult relationships and/or with their children (3)

Unresolved childhood trauma can lead to difficulty forming secure attachments with their children (4)

Childhood trauma can result in parenting styles that include threats & violence (2)

Childhood sexual abuse survivors can miss “red flags” of sexual abuse with their own children due to avoidance of trauma memories themselves (2)


1) Najavits, Weiss, & Shaw (1997) *The American Journal on Addiction, 6* (4), 273-283
2) Hendricks, A. (2012). *Using Trauma-Informed Services to Increase Parental Factors (pp. 89-91)*
3) *Walker (2007) Journal of Social Work Practice, 21 (1), 77-87.*
4) Main & Hess (1990) In M. Greenberg, D. Cicchetti, & E. Cummings (Eds.), *Attachment in the preschool years: Theory, research, and intervention (*pp. 121-160)

# BIG PICTURE  WITH CAREGIVERS

- Often the caregivers … are the kids we as a system “missed”
- They come to us with their own trauma histories
- Successful outcomes with our clients means successful work with the family
- Screening all caregivers and finding them services is critical to the prevention/treatment/reduction of recidivism for children entering the juvenile justice system

## CROSS-GENERATIONAL TRAUMA

HENDRICKS (2012) CHAPTER 12 OF *CREATING TRAUMA INFORMED CHILD WELFARE SYSTEMS*
USING TRAUMA INFORMED SERVICES TO INCREASE PARENTAL PROTECTIVE FACTORS

Caregiver functioning following a child's exposure to trauma is a major predictor of child's functioning (1 & 2)

If we want to improve a child's outcome, we must address parent's trauma history … failure to do so can result in (2) …

- Failure to engage in treatment services
- An increase in symptoms
- An increase in management problems
- Retraumatization
- An increase in relapse
- Withdrawal from service relationship
- Poor treatment outcomes


1) Linares et al (2001) *Child Development, 72, 639-652*
2) Liberman, Van Horn, & Ozer (2005) *Development and Psychopathology, 17*, 385-396
3) Hendricks, A. (2012) pp. 91

# TRAUMA AND PROFESSIONALS

Bride (2007) did a study of master's level social workers licensed in a southern state. The study found that…

- 70.2% of workers experienced at least one symptom of STS in the previous week
- 55 % met the criteria for at least one of the core symptom clusters
- 15 .2% met the core criteria for a diagnosis of PTSD.

- The intrusion criterion was endorsed by nearly half of the respondents.

- The most often reported symptoms were intrusive thoughts, avoidance of reminders of clients, and numbing responses.

# TRAUMA AND HUMAN SERVICE SYSTEMS

Within and between human service organizations we witness fight flight and freeze …

When we think about where this comes from … it is very similar to the experience of our clients

- We bring in our own ACE scores
- Our environments are stressful, demanding and sometimes abusive
  - Budget Cuts
  - Higher Caseloads
  - Increase paperwork demands
  - Higher expectations for outcomes and evidence informed practices
  - Constantly changing regulations
- Vicarious Trauma with and through our clients

# SO WE DEVELOP COPING BEHAVIORS TO SURVIVE WITHIN AND BETWEEN THE SYSTEMS

- Remember … the “problems” we see in our clients are often their solutions to coping with stress and trauma
- Our challenges in and between our systems are often the way we cope within and between our agencies
- Fight/Flight/ Freeze can be our coping behaviors too

# CROSS-SYSTEM CHALLENGES

- Adversarial Relationships
- Blaming other people or departments for ….
- Lack of Communication
- Avoiding Communication with certain People or Agencies
- Staying close only to those in “our circle”
- Doing nothing (waiting for the storm to pass)

# CROSS SYSTEM CHALLENGES CAN ALSO BE BECAUSE OF …

- Lack of Knowledge
- Lack of Awareness
- Lack of True Collaboration
- Lack of Resources

# TRAUMA PRESENT …

Trauma Informed Knowledge and Literature applies to social work at all levels

- Clients
- Families
- Adults
- Professionals
- Agencies we are in
- Systems that work with each other

# TRAUMA  FUTURE  … WHERE DO WE GO

- HENRY'S STORY
- EMOTIONAL CHAIN OF CUSTODY

- “We need to redefine the terms that can lead a young person into a correctional facility and protect the public by detaining the most violent felons, not the young people who, with the proper supports, could be promising members of the next generation.”— Dr. Patrick McCarthy, President and CEO, Annie E. Casey Foundation

# WHAT DOES IT MEAN TO BE TRAUMA INFORMED SYSTEM … NCTSN

A trauma-informed youth- and family-service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those within the system including youth, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They collaborate with all those involved, using the best available science, to facilitate and support the recovery and resiliency of the youth and family.

A service system with a trauma-informed perspective is one in which programs, agencies, and service providers do the following:

1. Routinely screen for trauma exposure and related symptoms
2. Use culturally appropriate evidence-based assessment and treatment for traumatic stress and associated mental health symptoms
3. Make resources available to youth, families, and providers on trauma exposure, its impact, and treatment
4. Engage in efforts to strengthen the resilience and protective factors of youth and families affected by and vulnerable to trauma
5. Address parent and caregiver trauma and its impact on the family system
6. Emphasize continuity of care and collaboration across youth-serving systems
7. Maintain an environment of care for staff that addresses, reduces, and treats secondary traumatic stress and increases staff resilience

# RETHINKING THE JUVENILE JUSTICE SYSTEM

## - DEFENDING CHILDHOOD AND ATTORNEY GENERAL ERIC HOLDER , JR.

- 6.1 Make trauma informed screening, assessments, care the standard in juvenile justice services
- 6.2 Abandon juvenile justice correction practices that traumatize children and further reduce their opportunities to become productive members of society
- 6.3 Provide juvenile justice services appropriate to children's ethnocultural background that are based on assessment of each violence exposed child’s individual needs
- 6.4 Provide care and services that address the special circumstances and needs of girls in the juvenile justice system

# RETHINKING THE JUVENILE JUSTICE SYSTEM

- 6.5 Provide care and services that address the special circumstances and needs of LGBTQ youth in the juvenile justice system
- 6.6 Develop and implement policies  in every school system across the country that aim to keep children in school rather than relying on policies that lead to suspension and expulsion and ultimately drive children into the juvenile justice system
- 6.7 Guarantee that all violence exposed children accused of a crime have legal representation
- 6.8 Help, do not punish, victims of child sex trafficking
- 6.9 Whenever possible, prosecute young offenders in the juvenile justice system instead of transferring their cases to adult court

# BECOMING A TRAUMA INFORMED ORGANIZATION …

## National Council … 7 Domain Areas

Domain 1: Early Screening & Comprehensive Assessment of Trauma

Domain 2: Consumer Driven Care & Services

Domain 3: Trauma-Informed, Educated & Responsive Workforce

Domain 4: Provision of Trauma-Informed, Evidence-Based and Emerging Best Practices

Domain 5: Safe & Secure Environments

Domain 6: Community Outreach & Partnership Building

Domain 7: Ongoing Performance Improvement & Evaluation – Sustainability

# DOMAIN  3 and 4

# JUVENILE JUSTICE SAFESTART RESOURCES

- http://www.safestartcenter.org/resources/toolkit-court-involved-youth-exposure-violence.php

- http://www.nctsn.org/resources/topics/juvenile-justice-system

- Summer 2013 Today Magazine WEB.pdf

# PREPARING OUR WORKFORCE TO OFFER TRAUMA INFORMED PHASE ORIENTED CARE

Phase I: Safety and Stabilization
Phase 2: Trauma Reprocessing
Phase 3: Reintegration

Courtois, C., Ford, J., & M. Cloitre (2009), pp.90-100

# CORE AREAS OF FOCUS IN COMPLEX TRAUMA

## COURTOIS, C. & FORD, J. (2009), INTRODUCTION (P.2)

- Self-Regulation
  - Affect Regulation
  - Disassociation (difficulty in being “present”)
  - Somatic Dysregulation
- Self-Identity
  - Impaired Self-Concept
  - Impaired Self-Development
- Co-regulation
  - Secure working model of caring relationship
  - Disorganized Attachment Patterns

# DOMAIN 6

# GREATER RICHMOND TRAUMA INFORMED COMMUNITY NETWORK (TICN)

- Question becomes where do I turn in my community for Resources? Education? Consultation?

- The Greater Richmond Trauma Informed Community Network (TICN) is a diverse group of professionals in your community dedicated to supporting all child welfare stakeholders in utilizing strengths based trauma informed practices in their work with children and families. In short, we are here to support and honor the important role you have in facilitating a positive environment for change in children and caregivers' lives using trauma informed practices to guide your way.

# GREATER RICHMOND TICN MEMBERS

- Lynette Brinkerhoff, Children's Mental Health Resource Center
- Lynne Edwards, VDSS & Coordinators2
- Kim Flournoy-DiJoseph, VCU School of Social Work
- Jeanine Harper, Greater Richmond SCAN
- Hayley Matthews, Family and Children's Trust Fund of Virginia
- Nina Marino, Lutheran Family Services
- Melissa McGinn, Family Insight
- Fred Orelove, Professor Emeritus of Special Education at VCU
- Em Parente, VDSS
- Nicole Pries, ChildSavers
- Rebecca Ricardo, Coordinators2
- Kathy Ryan, Greater Richmond SCAN
- Allison Sampson, Family Preservation Services of VA
- Alli Ventura, VTCC/Children's Mental Health Resource Center
- Jan Williamson, Greater Richmond SCAN
- Lisa Wright, Greater Richmond SCAN
- Betty Jo Zarris, VDSS
- Trish Mullens, Chesterfield CSB  (VCU- Masters in Rehabilitation)

- “If our aim is to nurture healthy children within safe communities, we need to change our approach and the values that drive our responses to violence. The reliance on highly punitive approaches [is] not working — they make people more alienated and angry, they feed cycles of revenge, and, as if that is not enough, they are costly.”

- — Dr. Lauren Abramson, Executive Director, Community Conferencing Center, Baltimore

# IMPORTANT POINTS FOR TRAUMA INFORMED JUVENILE JUSTICE SYSTEMS (NCTSN … JUDGE AND JUVENILE JUSTICE BENCH CARD)

Please consider …

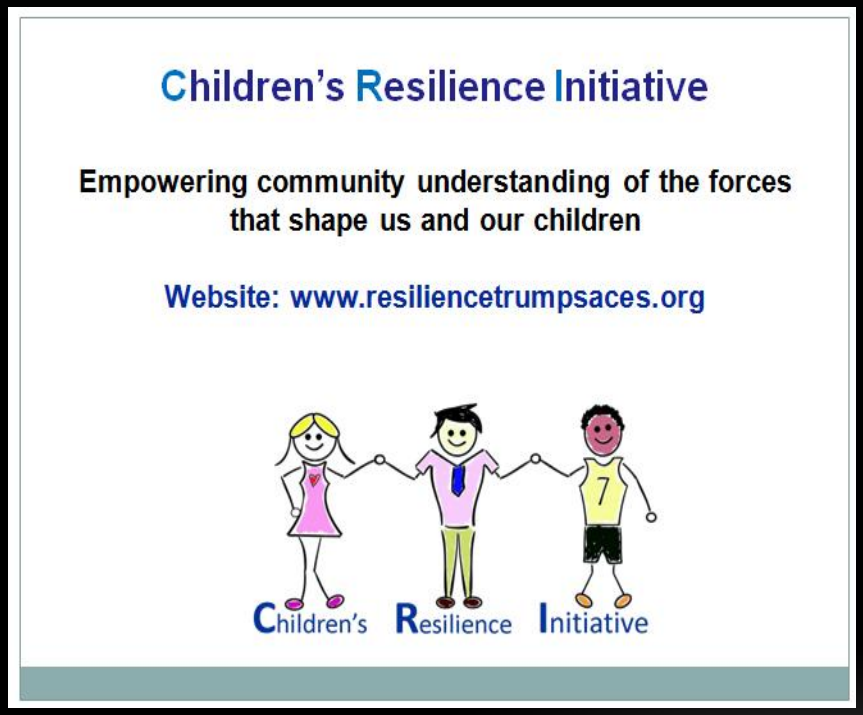
Where, when, and with whom this child feels most safe, effective, valued and respected?

Where, when, and with whom does the child feel unsafe, ineffective or disrespected?

What out-of-home placements are available that can better provide for this child's health and safety, as well as for the community's safety?

What placements might encourage success in school, relationships, and personal development?

# RESILIENCE TRUMPS ACES





FROM TRISH MULLEN, CHESTERFIELD COMMUNITY SERVICES BOARD

# BOLSTER PROTECTIVE FACTORS

- Positive attitudes, values or beliefs
- Conflict resolution skills
- Good mental, physical, spiritual and emotional health
- Positive self-esteem
- Success at school
- Good parenting skills
- Parental supervision
- Strong social supports
- Community engagement
- Problem-solving skills
- Positive adult role models, coaches, mentors
- Healthy prenatal and early childhood development
- Participation in traditional healing and cultural activities
- Good peer group/friends
- Steady employment
- Stable housing
- Availability of services (social, recreational, cultural, etc)

# FAMILIES WHO THRIVE

## Characteristics of Families who Thrive

Figley and Kiser (2013) Helping Traumatized Families (pg. 39-41)

- ☐ Clear acceptance of stressor(s)
- ☐ Family centered locus of problem (shift from individual)
- ☐ Solution oriented problem solving (not blame)
- ☐ High tolerance for each other
- ☐ Clear and direct expressions of commitment and affections
- ☐ Open and Effective Communication
- ☐ High Family Cohesion (fun and enjoyment)
- ☐ Flexible Family Roles
- ☐ Predictability
- ☐ Effective resource utilization
- ☐ Belief in their ability to succeed
- ☐ Shared meaning (collaborative coping skills)